

# 2004 Strengths and Needs Assessment for Older Adults

## Final Version

[TEXT IN CAPS IS USED AS INSTRUCTIONS OR CODES FOR THE INTERVIEWER ONLY AND IS NOT READ ALOUD]

Hello, my name is \_\_\_\_\_ and I am calling on behalf of the State of Colorado's older adult services planning group. I am calling to get your opinion about some important issues facing people ages 60 and over in Colorado. I'd like to speak to the adult in the household who is 60 years old or older and who most recently had a birthday. Is that you? [REPEAT FIRST PARAGRAPH IF THE BIRTHDAY PERSON IS NOT THE PERSON WHO ANSWERED THE PHONE.] ...All of your answers will be kept in strict confidence and reported in group form only.

To make sure we reach residents in specific counties and demographic categories across the state, I have a couple of questions to ask you first.

### 1. What county do you live in? [DON'T READ LIST.]

1. ADAMS (REGION: 3A) → SKIP TO Q3
2. ALAMOSA (REGION: 8) → SKIP TO Q3
3. ARAPAHOE (REGION: 3A) → SKIP TO Q3
4. ARCHULETA (REGION: 9) → SKIP TO Q3
5. BACA (REGION: 6) → SKIP TO Q3
6. BENT (REGION: 6) → SKIP TO Q3
7. BOULDER (REGION: 3B)
8. BROOMFIELD (REGION: 3A) → SKIP TO Q3
9. CHAFFEE (REGION: 13) → SKIP TO Q3
10. CHEYENNE (REGION: 5) → SKIP TO Q3
11. CLEAR CREEK (REGION: 3A) → SKIP TO Q3
12. CONEJOS (REGION: 8) → SKIP TO Q3
13. COSTILLA (REGION: 8) → SKIP TO Q3
14. CROWLEY (REGION: 6) → SKIP TO Q3
15. CUSTER (REGION: 13) → SKIP TO Q3
16. DELTA (REGION: 10) → SKIP TO Q3
17. DENVER (REGION: 3A) → SKIP TO Q3
18. DOLORES (REGION: 9) → SKIP TO Q3
19. DOUGLAS (REGION: 3A) → SKIP TO Q3
20. EAGLE (REGION: 12) → SKIP TO Q3
21. ELBERT (REGION: 5) → SKIP TO Q3
22. EL PASO (REGION: 4) → SKIP TO Q3
23. FREMONT (REGION: 13) → SKIP TO Q3
24. GARFIELD (REGION: 11) → SKIP TO Q3
25. GILPIN (REGION: 3A) → SKIP TO Q3
26. GRAND (REGION: 12) → SKIP TO Q3
27. GUNNISON (REGION: 10) → SKIP TO Q3
28. HINSDALE (REGION: 10) → SKIP TO Q3
29. HUERFANO (REGION: 14) → SKIP TO Q3
30. JACKSON (REGION: 12) → SKIP TO Q3
31. JEFFERSON (REGION: 3A) → SKIP TO Q3

32. KIOWA (REGION: 6) → SKIP TO Q3
33. KIT CARSON (REGION: 5) → SKIP TO Q3
34. LAKE (REGION: 13) → SKIP TO Q3
35. LA PLATA (REGION: 9) → SKIP TO Q3
36. LARIMER (REGION: 2A) → SKIP TO Q3
37. LAS ANIMAS (REGION: 14) → SKIP TO Q3
38. LINCOLN (REGION: 5) → SKIP TO Q3
39. LOGAN (REGION: 1) → SKIP TO Q3
40. MESA (REGION: 11) → SKIP TO Q3
41. MINERAL (REGION: 8) → SKIP TO Q3
42. MOFFAT (REGION: 11) → SKIP TO Q3
43. MONTEZUMA (REGION: 9) → SKIP TO Q3
44. MONTROSE (REGION: 10) → SKIP TO Q3
45. MORGAN (REGION: 1) → SKIP TO Q3
46. OTERO (REGION: 6) → SKIP TO Q3
47. OURAY (REGION: 10) → SKIP TO Q3
48. PARK (REGION: 4) → SKIP TO Q3
49. PHILLIPS (REGION: 1) → SKIP TO Q3
50. PITKIN (REGION: 12) → SKIP TO Q3
51. PROWERS (REGION: 6) → SKIP TO Q3
52. PUEBLO (REGION: 7) → SKIP TO Q3
53. RIO BLANCO (REGION: 11) → SKIP TO Q3
54. RIO GRANDE (REGION: 8) → SKIP TO Q3
55. ROUTT (REGION: 11) → SKIP TO Q3
56. SAGUACHE (REGION: 8) → SKIP TO Q3
57. SAN JUAN (REGION: 9) → SKIP TO Q3
58. SAN MIGUEL (REGION: 10) → SKIP TO Q3
59. SEDGWICK (REGION: 1) → SKIP TO Q3
60. SUMMIT (REGION: 12) → SKIP TO Q3
61. TELLER (REGION: 4) → SKIP TO Q3
62. WASHINGTON (REGION: 1) → SKIP TO Q3
63. WELD (REGION: 2B) → SKIP TO Q3
64. YUMA (REGION: 1) → SKIP TO Q3
65. DON'T KNOW/REFUSED – TERMINATE –Thank you, but we need to speak with people in specific counties.

**2. What city or town do you live in?**

1. ALLENSPARK (REGION=OTHER)
2. BOULDER (REGION=BOULDER)
3. ELDORADO SPRINGS (REGION=OTHER)
4. ERIE (REGION=OTHER)
5. HYGIENE (REGION=OTHER)
6. JAMESTOWN (REGION=OTHER)
7. LAFAYETTE (REGION=LAFAYETTE)
8. LONGMONT (REGION=LONGMONT)
9. LOUISVILLE (REGION=LOUISVILLE)
10. LYONS (REGION=OTHER)
11. NEDERLAND (REGION=OTHER)
12. NIWOT (REGION=OTHER)
13. PINECLIFFE (REGION=OTHER)
14. SUPERIOR (REGION=OTHER)
15. WARD (REGION=OTHER)
16. GUNBARREL (REGION=BOULDER)
17. DON'T KNOW - TERMINATE

[TERMINATE IF REGIONAL QUOTAS FILLED.]

**3. Please stop me when I reach the category that includes your age. [READ LIST. SELECT ONE.]**

1. 60 to 64 years
2. 65 to 69 years
3. 70 to 74 years
4. 75 to 79 years
5. 80 to 84 years
6. 85 to 89 years
7. 90 to 94 years
8. 95 years and over
9. REFUSED - TERMINATE [DO NOT READ]

[TERMINATE IF AGE QUOTA IS FILLED FOR REGION.]

**4. Do you consider yourself to be Hispanic or Latino?**

1. Yes
2. No
3. DON'T KNOW/REFUSED- TERMINATE [DO NOT READ]

**5. Which one or more of the following would you say is your race? [MULTIPLE RESPONSE. PROBE.]**

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaskan Native
6. Other
7. DON'T KNOW/REFUSED– TERMINATE [DO NOT READ]

[IF Q4=2 AND Q5=1, CODE AS “WHITE/NOT-HISPANIC”, IF Q4=1 AND Q5=2, 3, 4, 5 OR 6, CODE AS “NON-WHITE”]

[USING COMBINATION OF Q4 AND Q5: TERMINATE IF ETHNICITY QUOTA IS FILLED FOR REGION.]

Now I'd like to ask you some questions about your quality of life.

**6. Overall, how do you rate your quality of life? Would you say it is very good, good, neither good nor bad, bad or very bad?**

1. Very good
2. Good
3. Neither good nor bad
4. Bad
5. Very bad
6. DON'T KNOW/REFUSED [DO NOT READ]

**7. I am now going to read a list of problems that people may face. Thinking back over the last 12 months, how much of a problem has each of the following been for you? How about [READ LIST. ROTATE A-P.], would you say this has been a major problem, minor problem or no problem?**

- a. Your physical health
- b. Having housing suited to your needs
- c. Getting the health care you need
- d. Having inadequate transportation
- e. Feeling lonely, sad or isolated
- f. Having enough food to eat
- g. Affording the medications you need
- h. Having financial problems
- i. Feeling depressed
- j. Being physically or emotionally abused
- k. Being financially exploited
- l. Being a victim of crime
- m. Dealing with legal issues
- n. Performing everyday activities such as walking, bathing or getting in and out of a chair
- o. Having too few activities or feeling bored
- p. Providing care for another person

- 1. Major problem
- 2. Minor problem
- 3. No problem
- 4. DON'T KNOW/REFUSED [DO NOT READ]

**8. During a typical week, how many hours do you spend doing the following? How about [READ LIST. ROTATE A-K.], do you spend no hours, 1 to 5 hours or 6 or more hours per week?**

- a. Participating in a club or civic group
- b. Participating in religious or spiritual activities with others
- c. Visiting with family in person or on the phone
- d. Visiting with friends in person or on the phone
- e. Providing help to friends or relatives
- f. Participating in senior center activities
- g. Caring for a pet
- h. Doing housework or home maintenance
- i. Participating in a hobby such as art, gardening, or music
- j. Working for pay
- k. Attending movies, sporting events or group events

- 1. No hours
- 2. 1 to 5 hours
- 3. 6 or more hours
- 4. DON'T KNOW/REFUSED [DO NOT READ]

9. During a typical week, how many hours do you spend doing volunteer work or helping out in your community? Do you spend no hours, 1 to 5 hours 6 to 10 hours, 11 to 20 hours or more than 20 hours per week?

1. No hours
2. 1 to 5 hours
3. 6 to 10 hours
4. 11 to 20 hours
5. More than 20 hours per week
6. DON'T KNOW/REFUSED [DO NOT READ]

## NUTRITION/FOOD SECURITY

10. In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat? Would you say...

1. A lot
2. Some
3. None
4. DON'T KNOW/REFUSED [DO NOT READ]

11. The following are statements people have made about the food in their household. Please tell me how often this statement has been true for your household in the last 30 days. How about [READ LIST. ROTATE A-C.], would you say this has been true frequently, sometimes or never for your household in the last 30 days?

- a. We were not able to afford enough food to eat
  - b. We were not able to afford the kinds of food we wanted to eat
  - c. We were not able to afford to eat healthier meals
- 
1. Frequently
  2. Sometimes
  3. Never
  4. DON'T KNOW/REFUSED [DO NOT READ]

12. Do you eat two or more complete meals a day?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

13. Have you lost ten or more pounds in the past 6 months without meaning to?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

## HEALTH/HEALTH CARE

14. How many days per week do you engage in moderate physical activity for at least 30 minutes a day?  
Moderate physical activity would include activities like walking at a brisk pace, bicycling or gardening.

1. 1 DAY
2. 2 DAYS
3. 3 DAYS
4. 4 DAYS
5. 5 DAYS
6. 6 DAYS
7. 7 DAYS
8. ZERO DAYS
9. DON'T KNOW/REFUSED [DO NOT READ]

15. In general, would you say that your health is excellent, very good, good, fair or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. DON'T KNOW/REFUSED [DO NOT READ]

16. Thinking back over the past 12 months, please tell me how many days you spent in [READ LIST. ROTATE A-C.]...

- a. A hospital
- b. A nursing home
- c. A rehabilitation facility

- \_\_\_\_ NUMBER OF DAYS  
999. DON'T KNOW/REFUSED [DO NOT READ]

17. Thinking back over the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention? Was it...

1. No times
2. Once or twice
3. Three to five times
4. More than five times
5. DON'T KNOW/REFUSED [DO NOT READ]

**18. Do you have someone you think of as *your* doctor or health care provider?**

1. Yes
2. No → SKIP TO Q20
3. DON'T KNOW/REFUSED → SKIP TO Q20 [DO NOT READ]

**19. Have you visited this doctor or health care provider in the past 12 months?**

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

**20. Have you had the following in the past 12 months? [READ LIST. ROTATE A-D.]**

- a. Eye exam?
- b. Hearing exam?
- c. Dental exam?
- d. Physical exam?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

**21. Do you have any of the following conditions? [READ LIST. ROTATE A-D.]**

- a. Blindness or severe vision impairment?
- b. Significant hearing loss?
- c. A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying?
- d. An emotional or mental illness that limits your daily activities?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

**22. Which of the following kinds of health insurance do you have? Do you have [READ LIST. ROTATE A-C. (ALWAYS ASK D LAST.)]**

- a. Medicaid
- b. Medicare
- c. Private insurer
- d. Other insurance

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]



23. Have you recently needed any of the following, but could not afford them? How about [READ LIST. ROTATE A-G.]...

- a. Eyeglasses
- b. Hearing aids
- c. Walkers
- d. Wheelchairs
- e. Canes
- f. Dentures
- g. Prescription medications

- 1. Yes
- 2. No
- 3. NOT APPLICABLE [DO NOT READ]
- 4. DON'T KNOW/REFUSED [DO NOT READ]

## IN-HOME SERVICES

24. Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you [READ LIST. ROTATE A-P.]... [RE-READ SCALE AS NECESSARY.]

- a. Prepare your meals
- b. Shop for personal items
- c. Manage your medications
- d. Manage your money
- e. Use a telephone
- f. Do light housework like dusting or vacuuming
- g. Do heavy housework like moving furniture, or washing windows
- h. Use available transportation
- i. Do interior or exterior repairs
- j. Do yard work and snow shoveling
- k. Walk
- l. Eat
- m. Dress yourself
- n. Bathe
- o. Use the toilet
- p. Get in and out of bed or a chair

- 1. Without any help
- 2. With some help
- 3. Cannot do this at all
- 4. DON'T KNOW/REFUSED [DO NOT READ]

## TRANSPORTATION

25. For most of your local trips, how do you travel? [OKAY TO READ LIST ONLY IF PROMPTING IS NECESSARY.]

1. DRIVE OR RIDE IN A CAR
2. TAKE PUBLIC TRANSPORTATION
3. TAKE A SENIOR VAN, SHUTTLE, OR MINIBUS
4. TAKE A TAXI
5. WALK
6. OTHER [SPECIFY]
97. NOT APPLICABLE – NEVER LEAVE HOUSE
98. NOT APPLICABLE – DON'T LEAVE HOUSE BECAUSE I DON'T HAVE TRANSPORTATION
99. DON'T KNOW/REFUSED [DO NOT READ]

26. When you have trouble getting the transportation you need, what would you say is the main reason? [DO NOT PROMPT. CHECK ALL THAT APPLY.]

1. HAVE TO RELY ON OTHERS
2. NOT AVAILABLE WHEN I NEED TO GO
3. CAN'T AFFORD IT
4. UNFAMILIAR WITH TRANSPORTATION OPTIONS OR SYSTEM
5. CAR DOESN'T WORK/PROBLEMS WITH VEHICLE
6. HAVE TROUBLE GETTING AROUND WITHOUT SOMEONE TO HELP
7. DON'T KNOW WHO TO CALL
8. NOT AVAILABLE IN MY COMMUNITY
9. TRANSPORTATION DOES NOT GO WHERE I NEED TO GO
10. OTHER [SPECIFY]
11. NOT APPLICABLE
99. DON'T KNOW

27. In the past 12 months, how much help have you needed getting or arranging transportation? Would you say...

1. A lot
2. Some
3. None
4. DON'T KNOW/REFUSED [DO NOT READ]

**28. How often has it been difficult for you to arrange transportation for each of the following kinds of activities? How about [READ LIST. ROTATE A-D.], would you say it has been difficult... [RE-READ SCALE AS NECESSARY.]**

- a. Medical trips
  - b. Shopping
  - c. Personal errands
  - d. Recreational or social trips
- 
- 1. Frequently
  - 2. Sometimes
  - 3. Never
  - 4. DON'T KNOW/REFUSED [DO NOT READ]

## **CAREGIVING**

**29. Do you provide care for one or more family members or friends on a regular basis?**

- 1. Yes
- 2. No→SKIP TO Q34
- 3. DON'T KNOW/REFUSED→SKIP TO Q34 [DO NOT READ]

**30. For how many family members or friends do you provide care?**

- \_\_\_\_\_ [NUMBER OF FAMILY MEMBERS OR FRIENDS]
99. DON'T KNOW/REFUSED→SKIP TO Q34 [DO NOT READ]

**31aa. For whom do you provide this care? [DO NOT PROMPT, RECORD FIRST ANSWER ONLY – YOU WILL BE ABLE TO RECORD ADDITIONAL ANSWERS LATER.]**

- 1. SPOUSE
- 2. PARENT
- 3. FRIEND/NEIGHBOR
- 4. ADULT CHILD
- 5. GRANDCHILD
- 6. CHILD
- 7. PARTNER
- 8. OTHER FAMILY MEMBER
- 9. OTHER [SPECIFY]
- 10. DON'T KNOW/REFUSED – SKIP TO Q31

**31ab. How many [INSERT PLURAL OF ANSWER FROM Q31AA] do you care for?**

- \_\_\_\_\_ [COUNT]
99. DON'T KNOW/REFUSED [DO NOT READ]

**31ac. About how many hours per week do you spend providing care for this person or these persons? Is it...**

- 1. 1-5 hours

2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

**31ba. Who else do you provide care for? [DO NOT PROMPT, RECORD ONE ANSWER ONLY, YOU WILL BE ABLE TO RECORD ADDITIONAL ANSWERS LATER.]**

1. SPOUSE
2. PARENT
3. FRIEND/NEIGHBOR
4. ADULT CHILD
5. GRANDCHILD
6. CHILD
7. PARTNER
8. OTHER FAMILY MEMBER
9. OTHER [SPECIFY]
10. DON'T KNOW/REFUSED→SKIP TO Q31 [DO NOT READ]
11. NO OTHERS→SKIP TO Q31 [DO NOT READ]

**31bb. How many [INSERT PLURAL OF ANSWER FROM Q31BA] do you care for?**

- \_\_\_\_\_ [COUNT]
99. DON'T KNOW/REFUSED [DO NOT READ]

**31bc. About how many hours per week do you spend providing care for this person or these persons? Is it...**

1. 1-5 hours
2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

**31ca. Who else do you provide care for? [DO NOT PROMPT, RECORD ONE ANSWER ONLY]**

1. SPOUSE
2. PARENT
3. FRIEND/NEIGHBOR
4. ADULT CHILD
5. GRANDCHILD
6. CHILD
7. PARTNER
8. OTHER FAMILY MEMBER
9. OTHER [SPECIFY]
  
10. DON'T KNOW/REFUSED→SKIP TO Q31 [DO NOT READ]
11. NO OTHERS→SKIP TO Q31 [DO NOT READ]

**31cb. How many [INSERT PLURAL OF ANSWER FROM Q31CA] do you care for?**

- \_\_\_\_\_ [COUNT]
99. DON'T KNOW/REFUSED [DO NOT READ]

**31cc. About how many hours per week do you spend providing care for this person or these persons? Is it...**

1. 1-5 hours
2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

**31. What kinds of help could you use more of in your caregiving? [DO NOT PROMPT. CHECK ALL THAT APPLY.]**

1. FINANCIAL SUPPORT
2. ORGANIZED SUPPORT GROUPS
3. INFORMAL ADVICE OR EMOTIONAL SUPPORT (FROM FAMILY, FRIENDS OR NEIGHBORS) – ON ISSUES SUCH AS CARING FOR GRANDCHILDREN AND OTHER CAREGIVING ISSUES
4. FORMAL ADVICE OR EMOTIONAL SUPPORT (FROM A THERAPIST, COUNSELOR, PSYCHOLOGIST OR DOCTOR) – ON ISSUES SUCH AS CARING FOR GRANDCHILDREN AND OTHER CAREGIVING ISSUES
5. SERVICES OR INFORMATION ON SERVICES (SUCH AS BABYSITTING, SUPERVISION, BENEFITS, TRANSPORTATION)
6. RESPITE, FREE TIME FOR MYSELF
7. LEGAL ASSISTANCE
8. EQUIPMENT (SUCH AS TOYS, CLOTHING, ETC.)
9. OTHER [SPECIFY]
10. NONE
99. DON'T KNOW/REFUSED [DO NOT READ]

**32. How often in the past two months have you felt burdened by your caregiving? Would you say...**

1. Frequently
2. Sometimes
3. Never
4. DON'T KNOW/REFUSED [DO NOT READ]

**33. The following are problems that some caregivers face. [Is the person]/[Are the persons] [USE APPROPRIATE ONE BASED ON ANSWER TO Q30.] you care for [READ LIST. ROTATE A-D.]...**

- a. Verbally aggressive?
- b. Physically aggressive?
- c. Sexually aggressive ?
- d. Uncooperative?

1. Frequently
2. Sometimes
3. Never
4. DON'T KNOW/REFUSED [DO NOT READ]

## **QUALITY OF LIFE**

**34. How much do you agree or disagree with the following statements? Please use the scale: strongly agree, somewhat agree, somewhat disagree or strongly disagree. [READ LIST. ROTATE A-N.] [RE-READ SCALE AS NECESSARY.]**

- a. My community values older people.
- b. My family and friends rely on me.
- c. I am satisfied with the relationships in my life.
- d. I am willing to ask for and accept help from others.
- e. I feel like I have control over the things that happen to me.
- f. I take responsibility for my own actions.
- g. I have planned for my financial future.
- h. Religion or spirituality is important in my life.
- i. I have a sense of purpose.
- j. I can handle about anything that life throws at me.
- k. I feel hopeful about the future.
- l. I am generally a happy person.
- m. I generally feel peaceful and calm.
- n. My community values my language and traditions.

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree
5. DON'T KNOW/REFUSED [DO NOT READ]

35. How much practical support do you receive these days from the following sources? Examples of practical support are being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you. How about from [READ LIST. ROTATE A-F.], would you say you receive... [RE-READ SCALE AS NECESSARY.]

- a. Your family
- b. Your friends
- c. Your neighbors
- d. A church or spiritual group
- e. A club or social group
- f. A non-profit or community agency

- 1. A lot of support
- 2. Some support
- 3. A little support
- 4. No support
- 5. DON'T KNOW/REFUSED [DO NOT READ]

36. How much social support do you receive these days from the following sources? Social support includes being cared for, loved, listened to and respected. How about from [READ LIST. ROTATE A-F.], would you say you receive... [RE-READ SCALE AS NECESSARY.]

- a. Your family
- b. Your friends
- c. Your neighbors
- d. A church or spiritual group
- e. A club or social group
- f. A non-profit or community agency

- 1. A lot of support
- 2. Some support
- 3. A little support
- 4. No support
- 5. DON'T KNOW/REFUSED [DO NOT READ]

## INFORMATION SOURCES

37. Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you? How about [READ LIST. ROTATE A-G.], do you use this source frequently, sometimes or never?

- a. Newspaper
  - b. Radio
  - c. Television
  - d. Library
  - e. Internet
  - f. Word of mouth
  - g. Senior publications
- 
- 1. Frequently
  - 2. Sometimes
  - 3. Never
  - 4. DON'T KNOW/REFUSED [DO NOT READ]

## DEMOGRAPHICS

38. What is your zip code?

\_\_\_\_\_ [ENTER ZIP CODE]  
99999. DON'T KNOW/REFUSED [DO NOT READ]

39. Which of the following best describes where you live? Is it a...

- 1. Single family home
- 2. Townhouse, condominium, duplex or apartment
- 3. Mobile home
- 4. Assisted living residence
- 5. Nursing home
- 6. OTHER
- 7. DON'T KNOW/REFUSED [DO NOT READ]

40. Do you currently rent or own your home?

- 1. Rent
- 2. Own
- 3. OTHER
- 4. DON'T KNOW/REFUSED [DO NOT READ]



**41. How many people, including yourself, live in your household? [DO NOT PROMPT.]**

\_\_\_\_ [NUMBER OF HOUSEHOLD MEMBERS (INCLUDING RESPONDENT)] [IF =1, Q43=1, SKIP TO Q44.]

99. DON'T KNOW/REFUSED [DO NOT READ]

**42. Who lives with you? [DO NOT PROMPT. CHECK ALL THAT APPLY.]**

1. SPOUSE (WIFE/HUSBAND)
2. SIGNIFICANT OTHER
3. AT LEAST ONE CHILD
4. CHILD(REN) AND HIS/HER/THEIR FAMILY
5. OTHER RELATIVE(S)
6. UNRELATED ADULTS/FRIENDS
7. GRANDCHILDREN/ GREAT-GRANDCHILDREN
8. OTHER [SPECIFY]

99. DON'T KNOW/REFUSED [DO NOT READ]

**43. How many of these people, including yourself, are 60 or older? [DO NOT PROMPT.]**

\_\_\_\_ [NUMBER OF HOUSEHOLD MEMBERS 60 OR OLDER (INCLUDING RESPONDENT)]

99. DON'T KNOW/REFUSED [DO NOT READ]

**44. What is your marital status? [DO NOT PROMPT. PROBE FOR BEST ANSWER. CHECK ONLY ONE.]**

1. MARRIED
2. PARTNERED, NOT MARRIED BUT LIVING WITH PARTNER OF OPPOSITE SEX
3. PARTNERED, LIVING WITH PARTNER OF SAME SEX
4. WIDOWED
5. DIVORCED
6. SEPARATED
7. SINGLE (NEVER MARRIED)
8. OTHER [SPECIFY]

99. DON'T KNOW/REFUSED [DO NOT READ]

**45. How much formal education have you completed? Please stop me when I get to the correct response.**

1. 0-11 years, no diploma
2. High school graduate
3. Some college with no degree
4. Associate's degree
5. Bachelor's degree
6. Graduate or professional degree
7. DON'T KNOW/REFUSED

[DO NOT READ]

**46. What is your employment status? Are you...**

1. Fully retired
2. Retired but working part time
3. Working full time
4. Working part time
5. Unemployed, looking for work
6. Homemaker (unemployed but not looking for work)
7. OTHER [SPECIFY] [DO NOT READ]
8. DON'T KNOW/REFUSED [DO NOT READ]

**47. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?**

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

**48. What do you think your household's total income before taxes was for 2003? Please include in your total income money from all sources for all persons living in your household. Please remember your responses to this survey are given in complete anonymity and will be reported in group form only. Was your total income...**

1. Less than \$35,000
2. \$35,000 or more → SKIP TO Q50
3. DON'T KNOW/REFUSED [DO NOT READ]

**49. Please stop me when I reach the appropriate range.**

1. Less than \$10,000 → SKIP TO Q53
2. \$10,000 to less than \$15,000 → SKIP TO Q51
3. \$15,000 to less than \$20,000 → SKIP TO Q51
4. \$20,000 to less than \$25,000 → SKIP TO Q51
5. \$25,000 to less than \$30,000 → SKIP TO Q51
6. \$30,000 to less than \$35,000 → SKIP TO Q51
7. DON'T KNOW/REFUSED → SKIP TO Q51 [DO NOT READ]

**50. Please stop me when I reach the appropriate range.**

1. \$35,000 to less than \$40,000
2. \$40,000 to less than \$45,000
3. \$45,000 to less than \$50,000
4. \$50,000 to less than \$60,000
5. \$60,000 to less than \$75,000
6. \$75,000 or more
7. DON'T KNOW/REFUSED [DO NOT READ]

ONLY FOR **RANDOM HALF** OF RESPONDENTS WHO LIVE IN THE EIGHT COUNTY DRCOG REGION, ASK Q51 – Q54.

**51. Your local Area Agency on Aging will be conducting a series of discussions about the strengths and needs of older adults in the Denver-Metro region. Would you be willing to participate in one of these discussions in the month of May?**

1. Yes
2. No → SKIP TO Q55
3. MAYBE
4. DON'T KNOW/REFUSED → SKIP TO Q55 [DO NOT READ]

**52. Your personal information will remain completely confidential. May I please have your first name so that we can contact you regarding these discussions?**

- \_\_\_\_\_ [NAME]
2. NO/REFUSED → SKIP TO Q57, RECODE Q51 AS “NO” (2).

**53. Is this the phone number where we should contact you?**

1. Yes → SKIP TO Q55
2. No

**54. May I have the phone number where we should contact you?**

- \_\_\_\_\_ [PHONE NUMBER]
2. DON'T KNOW/NO/REFUSED, RECODE Q51 AS “NO” (2).

**55. RESPONDENT GENDER. [ONLY ASK IF IN DOUBT.]**

1. MALE
2. FEMALE

THOSE ARE ALL OF MY QUESTIONS. THANK YOU FOR YOUR TIME.

IF YOU ARE INTERESTED IN SERVICES AVAILABLE TO SENIORS IN YOUR COMMUNITY, PLEASE CALL THE TOLL FREE ELDERCARE LOCATOR NUMBER AT 1-800-677-1116.